U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18 8	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JOHN jR. SARTOR	Name LABORERS INTERNATIONAL UNION OF NORTH AMERICA			
	Labor Organization File Number 000-131			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2226 JONES RD.	Street 905 16th STREET NORTHWEST			
City FORT LEE	City WASHINGTON .			
State New Jersey ZIP Code + 4 07024	State New Jersey ZIP Code + 4 20006			
5. Position in labor organization. INTERNATIONAL REPRESENATIVE				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
	on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
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6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income.			

Name of Person Filing JOHN jR. SARTOR	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name NJ LABORERS-BUILDING & TRAINING FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 104 INTERCHANGE PLAZA, SUITE 304  City Monroe Township  State New Jersey ZIP Code + 4 08831	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  01/18/04 - 01/22/04 NATIONAL TRI-FUN AIRFARE, HOTEL, AUTO, MEALS	D CONFERENCE
	12.b. Amount.	\$3,160
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name NJ LABORERS-EMPLOYERS COOPERATION & TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 104 INTERCHANGE PLAZA, SUITE 301	LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION- SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET- RELATED INTERESTS.		
City MONROE TOWNSHIP	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
State New Jersey ZIP Code + 4 08831	02/24/04 NJ STATE BUILDING & CONSTRUCTION TRADES COUNCIL LUNCHEON RECEPTION  AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25:00		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4			
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P.O. Box, Bldg., Room No., if any				
Street 104 INTERCHANGE PLAZA, SUITE 301				
City MONROE TOWNSHIP	11.b. Approximate dollar value of such dealing.			
	12.a. Nature of interest held or income received. 03/02/04 NEW YORK FRIENDS OF IRELAND RECEPTION			
State New Jersey ZIP Code + 4 08831	AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00			
	12.b. Amount.			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City State ZIP Code + 4				
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NJ LABORERS-EMPLOYERS COOPERATION & TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	(LECET) SECURES PRO SECTOR MARKET SHARI	COOPERATION AND EDUCATION TRUST DJECTS AND JOBS, INCREASES UNION- E, ADVERTISES THEIR SERVICES, CE, AND ADVANCES SHARED MARKET-		
Street 104 INTERCHANGE PLAZA, SUITE 301  City MONROE TOWNSHIP  State New Jersey ZIP Code + 4 08831	GALA	Verifications and all the first distributions are the first and the second distributions are the second		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
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Street 104 INTERCHANGE PLAZA, SUITE 301	11.b. Approximate dollar valu	ue of such dealing.
City MONROE TOWNSHIP	12.a. Nature of interest held	d or income received.
State New Jersey ZIP Code + 4 08831	U9/U2/U4 DINNER AI	THE EASTERN REGIONAL CONFERENCE
	12.b. Amount.	\$142
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4	TO CONTROL OF THE STATE OF THE	
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Street 104 INTERCHANGE PLAZA, SUITE 301	11.b. Approximate dollar value of such dealing.			
City MONROE TOWNSHIP	12.a. Nature of interest held or income received.			
State New Jersey ZIP Code + 4 08831	6/04/04 JUVENILE DIABETES FOUNDATION GALA AMOUNT UNKNOWN, BEST ESTIMATE OVER \$25.00			
	12.b. Amount.			
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Street 104 INTERCHANGE PLAZA, SUITE 301  City MONROE TOWNSHIP  State New Jersey ZIP Code + 4 08831		The statement of the statement of the specific of the statement of the sta		
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Name NJ LABORERS-EMPLOYERS COOPERATION & TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 104 INTERCHANGE PLAZA, SUITE 301  City MONROE TOWNSHIP  State New Jersey ZIP Code +4 08831	LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST (LECET) SECURES PROJECTS AND JOBS, INCREASES UNION- SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET- RELATED INTERESTS.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  8/5/04 DINNER HONORING COMMISSIONER OF NJ DEPARTMENT OF LABOR
	12.b. Amount. \$121
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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	12.b. Amount. \$134		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
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Street 104 INTERCHANGE PLAZA, SUITE 301	11.b. Approximate dollar value	of such dealing.	
City MONROE TOWNSHIP	12.a. Nature of interest held	or income received.	
State New Jersey ZIP Code + 4 08831.		UAL EAGLE AWARDS BENEFIT ST ESTIMATE OVER \$25.00	
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Street 104 INTERCHANGE PLAZA, SUITE 301	11.b. Approximate dollar value	e of such dealing.		
City MONROE TOWNSHIP	12.a. Nature of interest held	* *** *** *** *** *** *** *** *** ***		
State New Jersey ZIP Code + 4 08831	AWARD BENEFIT	PATH COUNCIL GOOD SCOUT DINNER ST ESTIMATE OVER \$25.00		
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C. Received from any employer (other than an employer covered unde	s node A and B should	Ver Australia de Caración de C		
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
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8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	ation			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ing.			
Name NJ LABORERS-EMPLOYERS COOPERATION & TRUST  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 104 INTERCHANGE PLAZA, SUITE 301	(LECET) SECURES PRO SECTOR MARKET SHARE	COOPERATION AND EDUCATION TRUST OJECTS AND JOBS, INCREASES UNION- E, ADVERTISES THEIR SERVICES, CE, AND ADVANCES SHARED MARKET-			
S[reel 104 INTERCHANGE FLACE, SUITE 3UL	11.b. Approximate dollar valu	ue of such dealing.			
City MONROE TOWNSHIP	12.a. Nature of interest held				
State New Jersey ZIP Code + 4 08831		REGION HOLIDAY RECEPTION ST ESTIMATE OVER \$25.00			
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing JOHN jr. SARTOR	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name NJ BUILDING LABORERS STATEWIDE FUND	OPERATE HEALTH AND WELFARE BENEFIT FUND.			
P.O. Box, Bldg., Room No., if any				
Transfer in the property of th				
Street 3218 KENNEDY BOULEVARD	11.b. Approximate dollar value of such dealing.			
City JERSEY CITY	12.a. Nature of interest held or income received.			
State New Jersey ZIP Code + 4 07302	11/30/04 - 12/05/04 ANNUAL EMPLOYEE BENEFITS CONFERENCE AIRFARE, HOTEL, MEALS, AUTO			
	12.b. Amount. \$2,203			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing JOHN jR. SARTOR		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name	9. Business deals with:  a. Labor Organizati  b. Trust  c. Employer	on				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.				
Name DELAWARE LABORERS LOCAL 199 BENEFITS FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	OPERATE HEALTH AND OF DELAWARE.	WELFARE AND PENSIO	N BENEFIT FUND.			
Street 650 NAAMANS RD: SUITE 303	11.b. Approximate dollar value	of such dealing.				
City CLAYMONT	12.a. Nature of interest held					
State Delaware ZIP Code + 4 19703	1/31/04 TRUSTEE M	ESIING BAFENSE				
	12.b. Amount.		\$26			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City						
State ZIP Code + 4			novemental resempling transverse to property ( 1 - 1 - 1 del A. Escale del conditional del del Esse)			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	grypogogoras d				

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ame of Person Filling JOHN JR. SARTOR		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ition		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name DELAWARE LABORERS LOCAL 199 BENEFITS FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		WELFARE AND PENSION BENEFIT FUND.		
Street 650 NAAMANS RD. SUITE 303	11.b. Approximate dollar valu	ue of such dealing.		
City CLAYMONT	12.a. Nature of interest held	**************************************		
State Delaware ZIP Code + 4 19703	1/31/04 TRUSTEE	MBETING EXPENSE		
	12.b. Amount.	\$26		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	and the second s		
(including trade name, if any).	12/16/04 CHRISTMA	S PARTY		
Name ORANSKY SCARAGGI & BORG				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 175 FAIRFIELD AVE W CALDWELL				
City WEST CALDWALD				
State New Jersey ZIP Code + 4 07006				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$56		

### Potential Addenda to Form LM-30: Labor Organization Officer and Employee Record

John Sartor, Jr.

File Number U -

Laborers' International Union of North America, Organization File Number 000-131 Fiscal Year Covered From: 1/1/04 through 12/31/04

### ADDENDUM E (MEALS/EVENTS WITH FRIENDS)

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

# ADDENDUM F (MEALS/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION)

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

### ADDENDUM G (PAC)

I am not reporting any benefits that I may have received from the political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

### ADDENDUM H (UNION TO UNION BENEFITS)

I am not reporting any benefits that I may have received in 2004 for labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.